Your NCD will be affected due to late reporting

Actual e-Filling Submission Date & Time: 08/02/2019 15:40

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report underlined correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. **Any false reporting may be referred to the Police for investigation.**

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	07/02/2019 11:26
Date Of Accident	06/02/2019 12:40
Exact Location Of Accident	LORONG CHUAN TOWARDS AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF2160Y
Insured/Policyholder	
Name Of Registered Owner	MAUREEN TAN POH LAI
NRIC No	S1814087Z
Email Address	LDBMAUREEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93658489
Alternative Phone No	Others-93658489
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800129002
Cover Note Number	
Driver	
Name of Driver	MAUREEN TAN POH LAI
NRIC No	S1814087Z
Date Of Birth	01/08/1967
Occupation	INDOOR
Date Of Driving Pass	06/06/2001
Driving Experience	17 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-93658489
Fax Number	
Contact Number	OTHERS-93658489
EMail Address	LDBMAUREEN@GMAIL.COM
Address	237 SERANGOON AVENUE 3 #08-124 SINGAPORE
Postcode	550237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	**ROAD**: 51 ANG MO KIO AVENUE 9 , **POSTCODE:** 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2180000 - **FAX NO**: 64814246
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INSURED DID NOT BRING VIDEO FOR REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ6177Z

Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category   PRIVATE CAR

Name of Driver   LAWRENCE QUEK

NRIC/Passport Number

Contact Number   91682502

Address

Postcode

Insurance Company Name

Nature Of Damage   REAR AREA

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:
8/7/19 3.10 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Catherine Chua
NRIC/FIN No.: S1449 25H

GIARMC SketchPlanForm_V3

1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 8/1/19 3.10 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Catherine Chua
NRIC/FIN No.: S1449251H

CIARMC SketchPlanForm_V3

SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Report No. F/20190206/7018

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made	Vide Report No.			Station Diary No.	
06/02/2019 14:32					
Name Of Informant	Address				
MAUREEN TAN POH LAI	APT BLK 237 SERANGOON AVENUE 3 #08-124 SINGAPORE 550237				
ID Type / ID No.	Contact No.				
NRIC NO / S1814087Z	Home/Office:		Mobile: 93658489		
Nationality	Email Address				
SINGAPORE CITIZEN	ldbmaureen@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Property Officer	Female	51	01/08/1967	Chinese	
Institution/School Name	Language				
	English				
Date/Time Of Incident	Location Of Incident				
06/02/2019 12:40 - 06/02/2019 12:40	APT BLK 237 SERANGOON AVENUE 3 #08-124 SINGAPORE 550237				

Brief details.

Am travelling along Lorong Chuan towards AMK Ave 1 at 0041 pm, During red light , all car stop , when the traffic turn to Green ,A Silver Honda car, SGJ6177Z move and suddenly Jam Brake , I bang on the car as I m unable to react on time due to the sudden brake . There is no injuring at point of accident . Both Man walk out and get my particular and left . He only allow me to take a picture of his name card. Driver name is Lawrence Quek .

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2019 14:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

SMF2160Y

SMF2160Y

08/02/2019 16:33

SMF2160Y

SMF2160Y